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CHILD CARE FEE

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SATISFACTORY PAYMENT AGREEMENT

CHILD CARE PROVIDER

CHILD CARE CLIENT

(Name)

(Name)

(Address)

(Address)

(Phone)

(Phone)

DELINQUENT MONTH: _____

TOTAL MONTHLY FEE AMOUNT: \$ _____

AMOUNT RECEIVED: \$ _____ **(Date)** _____

BALANCE DUE: \$ _____

PAYMENTS ON THE DELINQUENT FEE ARE TO BE MADE ON THE FOLLOWING DATES AND IN THE FOLLOWING AMOUNTS:

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

I, the below signed Child Care Client, have agreed to make payments on my past due fee as indicated above. I understand that if I fail to fulfill

(2)

this agreement that my Provider is obligated to notify the County Child Care Dept. and that I can lose all Child Care Assistance for failure to pay my Child Care Fee(s).

(Child Care Provider)

(Date)

(Child Care Client)

(Date)

*** Original Copy to Provider, copy to client and copy to the appropriate CCDJFS Child Care worker.**